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CONFIRMATION NO. 3952

SERIAL NUMBER 10/618,084	FILING DATE 07/14/2003  RULE	CLASS 514	GROUP ART UNIT 1632	ATTORNEY DOCKET NO. 001107.00370
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## APPLICANTS

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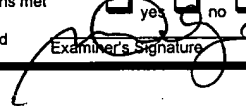
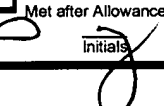
## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/395,460 07/12/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/16/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 28	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 15
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature:  Initials: 				

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## TITLE

Neuronal and retinal gene expression patterns

FILING FEE  RECEIVED 2960	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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